

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42882

STATE FILE NUMBER

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

2983

1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton OR TOWN Clayton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Kirkwood 47130 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hosp. Length of stay in lb 20 Dys.				d. STREET ADDRESS (If outside, give location) 533 W. Monroe Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Marie L. McClanahan First Middle Last				4. DATE OF DEATH 11 22 1957 Month Day Year			
5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 27, 1915	
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months 8 Days 25		IF UNDER 24 HRS. Hours 25 Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) Ferguson Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Rev. Grant Edwards				14. MOTHER'S MAIDEN NAME Lucy Arnold			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. 493-24-5809			
17. INFORMANT John B. McClanahan				Address 533 W. Monroe Av.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) In alimintion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Due to (b) Carcinoma of Cervix & metastasis 171X Due to (c) 171X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 171X							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 7:50 p. Month, Day, Year 11-22-57			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 10-30-1957 to 11-22-1957 and last saw her/him alive on 11-22-1957 Death occurred at 7:50 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert M. Lay, M.D. (Degree or title)				22b. ADDRESS 601 S. Brentwood Blvd.		22c. DATE SIGNED 11-22-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		11/27.57		Father Dickson Cem.		St. Louis Co. Mo.	
24. FUNERAL DIRECTOR John W. Hemphill ADDRESS 1408 S. Fillmore				25. DATE RECD. BY LOCAL REG. 11-27-57		26. REGISTRAR'S SIGNATURE Robert M. Lay, M.D.	
Kirkwood 26. Mo.				(Licensed Embalmer's Statement on Reverse Side)			

arc

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 44

P. O. Address 4085 Fair

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.